

## KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT BUREAU OF CHILD CARE AND HEALTH FACILITIES LICENSURE PROGRAM

## REQUEST FOR CHANGE IN USE OF REQUIRED ROOM

FACILITY (Name		Address		Phone Number)	State ID No.
Licensum actoriom of facility on acetion of facility for which about a in holms we sweet al-					
Licensure category of facility or section of facility for which change is being requested:					
	Nursing Fac	ility		Home Plus	
	Assisted Liv	ing Facility		Adult Day Care	
	Residential	Health Care Facility		Boarding Care	
Current use of room or area:					
Proposed change in use of room or area:					
If capacity of facility increases or decreases, please also submit <u>Request for Bed Change</u> form.					
NOTE: If a resident bedroom has been approved for another use and the above request is to use the room again as a					
resident bedroom, indicate the status of the resident call system and privacy curtains.					
Please attach a simple floor plan showing the location of the above room or area.					
SUBM	ITTED BY:				DATE:
Printed	d Name	Title	Sign	ature	
AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE					
Approved					
Approved:				Date:	
c:	Facility	ty Facility File KDHE Regional Manager			